FEC FORM 3X

2016 - 01 - 27 - 03 - 00041225

FE7AN014

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

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| NAME OF COMMITTEE (in full) | TYPE OR PRINT ♥ | Example: If ty over the lines. | | 12FE4M5 | |
|---|---|--------------------------------|---|------------------------|--|
| COMMUNITIES | APPLIED POLI | CY STRATEG | SIES | | |
| | | | | | |
| ADDRESS (number and street) | 1 7654 Isley | Avenue | <u></u> | <u> </u> | |
| ▼ Check if different | | | <u> </u> | <u> </u> | |
| than previously reported. (ACC) | Las Vegas | | <u> </u> | NVI 8914 | 7, -[4003,] |
| 2. FEC IDENTIFICATION N | UMBER ▼ | CITY ▲ | st | ATE A | ZIP CODE A |
| C ₀₀₅₇₀₅₃₁ . | 3 | IS THIS REPORT | NEW (N) OR | AMENDED (A) | |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Report | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election |
| (a) Quarterly Reports: | Due On: 🗪 | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Year Only) Dec 20 (M12) (Non-Election |
| | | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Year Only) Jan 31 (YE) |
| April 15 Quarterly Report (| Q1) (c) 12-Day | Primary (1 | 2P) | General (12G) | Runoff (12R) |
| July 15 Quarterly Report (| Q2) PRE-Election Report for the | 2 | n (12C) | Special (12S) | |
| Quarterly Report (| Q3) | CHOOL S | , | ~~~ | in the |
| Year-End Report (| YE) Ele | ection on | | | State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | on (d) 30-Day POST-Electio Report for the | . . | юG) 🔲 | Runoff (30R) | Special (30S) |
| Termination Repor | t | ection on | , 6,00 | ~~~~ | in the State of |
| 5. Covering Period | 0 01 20 | 15 through | [12] | | 5 |
| I certify that I have examined to | nis Report and to the bes | t of my knowledge and | d belief it is true, | correct and complete | e. |
| Type or Print Name of Treasure | Robert Robert | Martinez | | . <u> </u> | |
| Signature of Treasurer | Met | Hi. | Date | • 01 3 | 1 2016 |
| NOTE: Submission of false, error | neous, or incomplete inform | ation may subject the p | erson signing this | Report to the penaltie | s of 52 U.S.C. § 30109. |
| Office Use | | | | | FORM 3X ev. 12/2004 |

2016-01-27-05-0001226

| FEC Form 3X (Rev. 02/2003) | SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|--|--|---|
| rite or Type Committee Name | | |
| eport Covering the Period: From: | 10 ' 01 ' 2015 To: | 121 31 2015 |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| (a) Cash on Hand January 1, 2016 | • | OOO |
| (b) Cash on Hand at Beginning of Reporting Period | 2000 | |
| (c) Total Receipts (from Line 19) | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | |
| Total Disbursements (from Line 31) | 000 | 000 |
| Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 000 | |
| Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 000 l | |
| Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 000 | |
| | eport Covering the Period: From: (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period | FEC Form 3X (Rev. 02/2003) Irrite or Type Committee Name eport Covering the Period: From: COLUMN A This Period (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period |

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

03-00041227

10 °01 (2015 12 31 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... 000(ii) Unitemized (iii) TOTAL (add 000Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 000 000Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 000 000 Party Committees..... 0.00 000 13. All Loans Received 000 000 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 000 000 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 000 Political Committees..... 17. Other Federal Receipts 000 (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 000 (from Schedule H3)..... 000 000 (b) Levin Funds (from Schedule H5) 000 (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 000 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts 000 000 (subtract Line 18(c) from Line 19) ▶

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 Federal Share 0.00 0.00(ii) Non-Federal Share (b) Other Federal Operating 0.0.0 0.00 Expenditures (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party 0.00 0.000.00 0.00 and Brook 24. Independent Expenditures 0.000.00 0.000.00 0.000.00 26. Loan Repayments Made..... dere de la 0.000.00 0.00 0.00 Than Political Committees at shows 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contribution Refunds 0.000.00 (add Lines 28(a), (b), and (c))...........▶ 0.00 0,00 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.000.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.000 0.00 With Federal Funds (c) Total Federal Election Activity (add ... 0". 0"0 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 0.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

0.00

0.00

0.00

32. Total Federal Disbursements

(subtract Line 21(a)(ii) and Line 30(a)(ii)

from Line 31).....

05-00041228

DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 5 |
|--|--|-----------------------------------|
| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0.00 | 0:00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | Production of the second control of the seco | |

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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| Any information copied from such Reports and Statement or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full) Communities | | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | | Date of Receipt Amount of Each Receipt this Period 0.00 |
| Primary General | | Date of Receipt Amount of Each Receipt this Period 0.00 |
| Primary General Other (specify) | | Date of Receipt Amount of Each Receipt this Period 0.00 |
| SUBTOTAL of Receipts This Page (optional) | | 0.00 |
| TOTAL This Period (last page this line number only) | | |

| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | FOR LINE I | one) |
|--|--|-------------------|---|
| | Detailed Summary Page | 21b 27 | 22 23 24 25 26 28a 28b 28c 29 30b |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | | | |
| NAME OF COMMITTEE (In Full) Communit | ies Applied Policy Str | rategies | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| Mailing Address | | | MAM \ LOAD \ LAAAAAA |
| City | state Zip Code | | |
| Purpose of Disbursement | To the state of th | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 0.00 |
| President | nent For: Primary General Other (specify) | | |
| State: District: Full Name (Last, First, Middle Initial) | | + | |
| B | | | Date of Disbursement |
| Mailing Address | | } | |
| City | State Zip Code | | |
| Purpose of Disbursement | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 0.00 |
| ₩ | nent For: Primary General Other (specify) | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement |
| Mailing Address | | | |
| City | State Zip Code | | |
| Purpose of Disbursement | Ē | | Amount of Each Disbursement this Period |
| Candidate Name | 2 | Category/ Type | 0.00 |
| <u> </u> | nent For: Primary General Other (specify) | | era anaman arabina kanada ga ya pangana panga anaman kanada kanada kanada kanada kanada ang kanada ang kanada a |
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| TOTAL This Period (last page this line number only). | | | 0.00 |

| SCHEDULE C | (FEC | Form | 3X) |
|------------|------|------|-----|
| LOANS | | | |

| CHEDULE C (FEC Form 3X) | | |
|--|---|--|
| ANS | Use separate schedule(s) | PAGE OF |
| | for each category of the Detailed Summary Page | FOR LINE 13 OF FORM 3X |
| ME OF COMMITTEE (In Full) Communities Applied Policy | <u>. </u> | |
| Communities Applied Folicy | y Otrategies | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | | ection: |
| LOAN SOUNCE Full Name (Last, First, Middle Initial) | ; ; | Primary |
| | <u> </u> - | General |
| Mailing Address | | Other (specify) |
| City State ZIP Coo | de | |
| Original Amount of Loan Cumulative Payment To | | Outstanding at Close of This Period |
| 0.00 | 0.00 | 0.00 |
| TERMS | | |
| Date Incurred Date Due | Interest Rate | Secured: |
| | | % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | |
| | | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Guaranteed | 0.00 |
| 2. Full Name (Last, First, Middle Initial) | Outstanding: | The state of the s |
| | vano oi empoyor | |
| Mailing Address | Occupation | |
| | | |
| City State ZIP Code | Amount Guaranteed | |
| | Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| - | | |
| | a | |
| City State ZIP Code | Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| | | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed | |
| | Outstanding: | entre de la company de la comp |
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| JBTOTALS This Period This Page (optional) | | 0.00 |
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| OTALS This Period (last page in this line only) | | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

| Federal Election Commission, Washington, D.C. 20463 | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Communities A | applied Policy Strategies | FEC IDENTIFICATION NUMBER |
| LENDING INSTITUTION (LENDER) | Amount of Loan | Interest Rate (APR) |
| Full Name | Continued madesachman | 0.00 |
| Mailing Address | Date Incurred or Established | |
| City State Zip Code | Date Due | |
| A. Has loan been restructured? No Yes | If yes, date originally incurred | |
| B. If line of credit, Amount of this Draw: | Total Outstanding Balance: | 0.00 |
| C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu | ed? ust be reported on Schedule C.) | |
| D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: | deposit, chattel papers, | What is the value of this collateral? 0.00 Does the lender have a perfected security |
| | l | interest in it? No Yes |
| | | |
| E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s | · - [| What is the estimated value? |
| 1 | · - [| 0.00 |
| A depository account must be established pursuant | specify: | 0.00 |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of account: | 0.00 |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: | Location of account: Address: City, State, Zip: as pledged for this loan, or if the | 0.00 amount pledged does not equal or exceed |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan | Location of account: Address: City, State, Zip: as pledged for this loan, or if the | amount pledged does not equal or exceed ch it assures repayment. |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan | Location of account: Address: City, State, Zip: as pledged for this loan, or if the | 0.00 amount pledged does not equal or exceed |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Robert Martinez Signature | Location of account: Address: City, State, Zip: as pledged for this loan, or if the | amount pledged does not equal or exceed ch it assures repayment. |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan. G. COMMITTEE TREASURER Typed Name Robert Martinez | Location of account: Address: City, State, Zip: as pledged for this loan, or if the | amount pledged does not equal or exceed ch it assures repayment. |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Robert Martinez Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. | Location of account: Address: City, State, Zip: as pledged for this loan, or if the awas made and the basis on white the basis of the loan and other inform | amount pledged does not equal or exceed the it assures repayment. DATE 01 '31 '2016 ation regarding the extension of the loan |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan. G. COMMITTEE TREASURER Typed Name Robert Martinez Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: 1. To the best of this institution's knowledge, the terminal to the signed copy. | Location of account: Address: City, State, Zip: as pledged for this loan, or if the awas made and the basis on white the basis on white the basis on the loan and other informaticulating interest rate) no more faving comparable credit worthiness. | amount pledged does not equal or exceed ich it assures repayment. DATE O1 ' 31 ' 2016 ation regarding the extension of the loan rorable at the time than those imposed for |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date acco | Location of account: Address: City, State, Zip: as pledged for this loan, or if the answer was made and the basis on white the comparable credit worthiness. It is a loan must be made on a basis | amount pledged does not equal or exceed ch it assures repayment. DATE O1 ' 31 ' 2016 ation regarding the extension of the loan worable at the time than those imposed for which assures repayment, and has |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date acco | Location of account: Address: City, State, Zip: as pledged for this loan, or if the answer was made and the basis on white the comparable credit worthiness. It is a loan must be made on a basis | amount pledged does not equal or exceed ch it assures repayment. DATE O1 ' 31 ' 2016 ation regarding the extension of the loan worable at the time than those imposed for which assures repayment, and has |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Robert Martinez Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the teare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 CAUTHORIZED REPRESENTATIVE Typed Name | Location of account: Address: City, State, Zip: as pledged for this loan, or if the answer was made and the basis on white the comparable credit worthiness. It is a loan must be made on a basis | amount pledged does not equal or exceed the it assures repayment. DATE O1 |

| SCHEDULE | D | (FEC | Form | 3X) |
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| DEBTS AND | 0 | BLIGA | TIONS | 3 |

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

OF

| cluding | Loans | | numbe | ered line) | | 10 |
|------------------|--|--|---------------|--|---|--|
| AME OF C | COMMITTEE (In Full) | | | • | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| IA Coll 6 | Name (Last First Middle Initial) of Dak | stor or Creditor | | Natura of De | nht (Durnage): | |
| A. Full I | Name (Last, First, Middle Initial) of Det | olor or Creditor | | Mature of the | ebt (Purpose): | |
| ! . | • | | | | | |
| Mailing A | Address | | - | | | • |
| | | | | | | |
| City | State | Zip Code | | | | |
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| | anding Balance Beginning This Period | | • | | | |
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| B. Full N | lame (Last, First, Middle Initial) of Debt | tor or Creditor | [1 | Nature of De | ebt (Purpose): | |
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Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ **Communities Applied Policy Strategies** New report Amends report filed on Check if 24-hour report 48-hour report Full Name (Last, First, Middle Initial) of Payee Date Mailing Address **Amount** City State Zip Code 0.00 State: Purpose of Expenditure Office Sought: House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Calendar Year-To-Date Per Election 0.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code 0.00 State: Office Sought: House Purpose of Expenditure Category/ Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Oppose Check One: Support Disbursement For: General Calendar Year-To-Date Per Election for Office Sought Other (specify) 0.00 (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 0.00Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

2016

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. 8441a(d))

| U.S.C. 9441a(d)) (To | be used only | by Political Comm | nittees in the C | General Election) | FOR LINE 25 | OF FORM 3X |
|---|--------------|-------------------------------|---------------------|-------------------|----------------|--|
| AME OF COMMITTEE (In Full) | Commun | ities Applied | Policy Str | ategies | - | |
| as your committee been designated to ma pordinated expenditures by a political party YES NO | | Full Name of Subo | rdinate Commit | tee | | |
| YES, name the designating committee: | | Mailing Address | | | | |
| | | City | | Sta | ite ZIP | Code |
| Full Name (Last, First, Middle Initial) of | Each Payee | | | Purpose of Exp | enditure | Category/ |
| Mailing Address | | | | Date | | Туре |
| City | State | Zip Code | | | | V V V |
| Name of Federal Candidate Supported | Office Sough | ht: House Senate Presidential | State: | Amount | | 0.00 |
| Aggregate General Election Expenditure for this Candidate ▶ | | | Annual Control | | | |
| Full Name (Last, First, Middle Initial) of | Each Payee | | | Purpose of Exp | enditure | Category/ |
| Mailing Address | | | | Date | | Туре |
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| Aggregate General Election Expenditure for this Candidate | | | | [machanitani] | | |
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| SUBTOTAL of Expenditures This Page (op | tional) | | | - | | 0.00 |
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PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

| ME OF COMMITTEE (In Full) Communities Applied Policy Strategies |
|--|
| USE ONLY ONE SECTION, A or B |
| A. State and Local Party Committees |
| Fixed Percentage (select one) |
| Presidential-Only Election Year (28% Federal) |
| Presidential and Senate Election Year (36% Federal) |
| Senate-Only Election Year (21% Federal) |
| Non-Presidential and Non-Senate Election Year (15% Federal) |
| |
| |
| B. Separate Segregated Funds and Nonconnected Committees |
| B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage |
| Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check |
| Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or |
| Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check |
| Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or |
| Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below |
| Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal |

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SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

| NAME OF COMMITTEE (In Full) Communities Applied Policy Strate | egies | | |
|---|--|---|--|
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. | | | |
| Methods of allocation: | | | |
| FUNDRAISING activities are allocated using the "funds received metre expenses must equal the federal proportion of monies raised. | nod" where the federal pro | oportion of | |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method. | t derived by federal cand junications or voter drives | idates from the ac- that refer to both | |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % | |
| ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | 0%% | 0% | |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % | |
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| ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | % | % | |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Direct Candidate Support | FEDERAL % | NONFEDERAL % | |
| Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | % | <u> </u> | |

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SCHEDULE H3 (FEC Form 3X)

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| IAME OF COMMITTEE (In Full) Commun | ities Applied Polic | v Strategies | FOR LINE 18a OF FORM 3X |
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| NAME OF ACCOUNT | DATE OF RECEIPT | , | TOTAL AMOUNT TRANSFERRED 0.00 |
| BREAKDOWN OF TRANSFER RECEIVED | | | |
| i) Total Administrative | | | |
| ii) Generic Voter Drive | | | 0.00 |
| lii) Exempt Activities | | 1 | 0.00 |
| iv) Direct Fundralsing (List Activity or Event | Identifier) | · | . ' |
| a) | | 0.00 | |
| b) | | 0.00 | |
| c) Total Amount Transferred For Direct Fu | ndraising | , | 0.00 |
| v) Direct Candidate Support (List Activity o | r Event Identifier) | | |
| a) | - Commission of the section of | 0.00 | |
| b) | Same Same Same Same Same | 0.00 | |
| c) Total Amount Transferred For Direct Ca | | | 0.00 li |
| vi) Public Communications Referring Only | to Party (Made by PAC) | | 0.00 j |
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| TOTAL This Period (Generic Voter Drive) | | | O. O O |
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| TOTAL This Period (Direct Fundraising) | | | on 00 km million of the continue of the contin |
| TOTAL This Period (Direct Candidate Support) | | - Company of the Comp | Banalandandandandandandandandanda 0 0 0 0 0 |
| TOTAL This Period (Public Communications Refer | ring Only to Party) | | 0.00 |
| TOTAL This Period (Total Amount Transferred) | | | 0.00 |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE | ÖF | |
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| FOR LINI | F 21a OF | FORM 3X |

| ••• | ME OF COMMITTEE (In Full) Comr | nunities | Applied Poli | cy Strategi | es |
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| | Mailing Address | | | | Administrative Fundraising Exempt |
| | Walling Address | | | , | Voter Drive Direct Candidate Support |
| | City | State | Zip Code | | Public Comm (ref to party only) by PAC |
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| | Activity or Event Identifier: | | | Category/ Type | Date Date |
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| В. | Full Name (Last, First, Middle Initial) | | | | Allocated Activity or Event: |
| | , Mailing Address | | . <u> </u> | • | Administrative Fundraising Exempt |
| | · | | | | Voter Drive Direct Candidate Support |
| | City | State | Zip Code | | Public Comm (ref to party only) by PAC |
| | Purpose of Disbursement: | | | | Allocated Activity or Event Year-To-Date |
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| | Activity or Event Identifier: | <i>?</i> | | Category/ Type | Date |
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

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| NAME OF COMMITTEE (In Full) Comm | unities Applied Po | olicy Strategies | |
| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED | _ |
| | ALTERNATION OF THE PROPERTY OF | | |
| | broadonna landinante landinante | | |
| BREAKDOWN OF THIS TRANSFER | <u> </u> | | _ |
| | | REGISTRATION | |
| i) Voter Registration Total Amount Transferred for Voter | g | 0.00 | |
| ISTAL ARIGINA MAISINING IST VOICE | Caredina Completion | WOTER ID | |
| ii) Voter ID | in a factor of the second of t | AOLEV ID | |
| Total Amount Transferred for Voter | ID | N. U U . V | |
| iii) GOTV | | GOTV | |
| Total Amount Transferred for GOT | Si . | 0.00 | |
| 1 | | GENERIC CAMPAIGN ACTIVITY | |
| iv) Generic Campaign Activity | A Committee A March | house the restiment transfer and transfer and transfer and insurface and | |
| lotal Amount Transferred for Gene | ric Campaign Activity | Secundaria (The administration of Secundaria (Secundaria) | |
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| | London London London | 1 1 2 | |
| BREAKDOWN OF THIS TRANSFER | | 1 | _ |
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| ii) Voter ID | Hanniha antha | | |
| Total Amount Transferred for Voter | ID | O. O V | |
| iii) GOTV | | GOTV | |
| Total Amount Transferred for GOT | 2 | O. O O | |
| | floo | GENERIC CAMPAIGN ACTIVITY | |
| iv) Generic Campaign Activity | | Summediam editorial describerations describera | |
| Total Amount Transferred for Gene | ric Campaign Activity | | |
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

| PAGE | OF | | |
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| EOD LINE | 202 OE | EODM | 2V |

| NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies | | | | | |
|--|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign | | | | |
| Mailing Address | Allocated Activity or Event Year-To-Date 0.00 | | | | |
| City State Zip Code | Enthering Enthering Special Company Comp | | | | |
| Purpose of Disbursement Category/ Type | Date Consideration of the Constitution of the | | | | |
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| B. Full Name (Last, First, Middle Initial) / Full Organization Name | Type of Allocated Activity or Event: | | | | |
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| City State Zip Code | transport of the continues of the contin | | | | |
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| FEDERAL SHARE + LEVIN SHARE | = TOTAL AMOUNT | | | | |
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

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| 1a | 2 |

OF

PAGE

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| | NAME OF COMMITTEE (In Full) Communitie | s Applied Pol | icy Strategies | |
|------------|---|---------------|----------------|--|
| A . | Full Name (Last, First, Middle Initial) / Full Organization | n Name | | Date of Receipt |
| | Mailing Address | | | Amount of Each Receipt this Period |
| | City | State | Zip Code | 0.00 |
| | Name of Employer or Principal Place of Business | | | ര്യാന് പാട്ടിയാണ് വാട്ടിയാണ് Aggregate Year-to-Date |
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

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| OF LEVIN FUNDS | Aggregation Page | 4b 4b 4d |
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| Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ac | | |
| NAME OF COMMITTEE (In Full) Communities A | Applied Policy Strategie | es |
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| Mailing Address | | |
| City State Purpose of Disbursement | Zip Code | Amount of Each Disbursement this Period 0:00 |
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| Full Name (Last, First, Middle Initial) / Full Organization Na | me | Date of Disbursement |
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